

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038250

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2893

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                               |   |                                      |
|--|-------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST LOUIS</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>                       |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>CLAYTON</b>  |                               | c. CITY OR TOWN <b>BRENTWOOD MO</b>   |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>COUNTY HOSPITAL</b>  |                               | d. STREET ADDRESS <b>8627 GRACE</b>   |                                      |
| 3. NAME OF DECEASED<br>(Type or print) <b>MATEE CONLEY</b>   |                               | 4. DATE OF DEATH <b>SEPT 14 1963</b>  |                                      |
| 5. SEX <b>FEMALE</b>   | 6. COLOR OR RACE <b>NEGRO</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>SEPT 15 1928</b> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>DOMESTIC</b>  |                               | 9b. KIND OF BUSINESS OR INDUSTRY<br><b>HOUSEWORK</b>  |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>DOMESTIC</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>HOUSEWORK</b>   |                                      |
| 11. FATHER'S NAME <b>UNKNOWN</b>   |                               | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>   |                                      |
| 13. MOTHER'S MAIDEN NAME <b>MARY STENNIS</b>   |                               | 14. NAME OF HUSBAND OR WIFE <b>WILLIE CONLEY</b>  |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give dates of service)<br><b>NO</b>   |                               | 16. SOCIAL SECURITY NO. <b>Willie Conley 8627 Grace Brentwood</b>   |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute congestive heart failure</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                               |   |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                      |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |                               | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                      |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                               | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____  |                                      |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>3:42 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |                               |   |                                      |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Raymond A. Murphy Coroner</b>  |                               | 22b. ADDRESS<br><b>Clayton, Missouri</b>  |                                      |
| 22c. DATE SIGNED<br><b>9/20/63</b>   |                               | 23. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood</b>   |                                      |
| 23a. BURIAL, CREMATION, or other final disposition<br><b>Buried Sept 21, 1963</b>  |                               | 23b. LOCATION (City, town, or county)<br><b>Adams MO</b>  |                                      |
| 24. JUNE 17 DIRECTOR<br><b>Handley</b>   |                               | 25. DATE REC'D. BY LOCAL REG.<br><b>9-17-63</b>   |                                      |
| 26. REGISTRAR'S SIGNATURE<br><b>John C. Murphy Md.</b>   |                               |   |                                      |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 4002  
2 4011  
3  
4 3  
5 1  
6  
7 1  
8 1  
9 1341  
10  
11  
12 45-3  
13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4243

P. O. Address 22 Bayview  
West Grove Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.